



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>	Client Name <b>O. H. Metals</b>	Location <b>1002 Oswego, ST. UTICAH, NY</b>	Date <b>4/7/87</b>
Facility Equipment <b>1</b>	Detox Clock <b>1</b>	Weapon No. <b>1</b>	Holster <b>1</b>
Nightstick <b>1</b>	Raincoat <b>1</b>	Flashlight <b>1</b>	Other <b>3 Keys, Log Book + phone</b>
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth Felix</b>	Officer—Swing Shift (Name) <b>R. Deakin</b>
Officer—Grave Shift (Name) <b>Dick Koboski</b>			
Shift Began <b>80</b> AM PM Ended <b>4</b> AM PM		Shift Began <b>4</b> AM PM Ended <b>12</b> AM PM	
Shift Began <b>12</b> AM PM Ended <b>8</b> AM PM			
Observations or actions taken	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>	<b>4S required</b>
Injury hazards		<input checked="" type="checkbox"/>	
Visitors		<input checked="" type="checkbox"/>	
Trespassing		<input checked="" type="checkbox"/>	
Violation of company rules		<input checked="" type="checkbox"/>	
<b>10:50 AM Call came in from N.Y. for Jack Harmon. Have him call Don Abraham - 201-727-4130 when he comes on site. (Don told Jack Harmon to call his main office when he gets on this site (Jim Magruder) (L7))</b>			
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>			
1. Were you injured during this tour?	Day Shift Yes No	1. Yes No	2. Yes No
2. Did you suffer any illness?	Day Shift Yes No	1. Yes No	2. Yes No
3. Have you reported all accidents coming to your attention?	Day Shift Yes No	1. Yes No	2. Yes No
Signatures	Day Shift 1. <b>Kenneth Felix</b>	Swing Shift 1. <b>R. Deakin</b>	Grave Shift 1. <b>Dick Koboski</b>
Signatures	Day Shift 2.	Swing Shift 2.	Grave Shift 2.
Signatures	Day Shift 3.	Swing Shift 3.	Grave Shift 3.

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